

Claims Processor I

Sidecar Health

Job Location: Remote

Full Time/Days

JOB SUMMARY:

The Claims Processor is responsible for accurately reviewing, validating, and entering medical claims information in accordance with Sidecar Health policies and processing guidelines. This role ensures claim completeness, identifies discrepancies, and escalates complex or unusual cases appropriately while maintaining high standards for productivity, quality, and compliance. The Claims Processor documents all activity thoroughly within internal systems, adheres to established workflows, and consistently meets performance expectations in a metrics-driven environment.

This role is ideal for someone who thrives in a fast-paced environment, enjoys organization and accuracy, and takes pride in getting the details right.

MINIMUM REQUIREMENTS:

- 3+ years of experience in claims processing, medical billing, healthcare administration, or a related operational role (or equivalent experience in a regulated, process-driven production environment)
- Experience working in high-production environments where output, idle time, and quality metrics are monitored, and performance is transparent
- Strong sense of ownership and accountability - takes responsibility for outcomes, follows claims through resolution, and does not rely on transferring work to avoid errors or complexity
- Member-first mindset, recognizing that claim accuracy, turnaround time, and responsible ownership directly affect members' access to care and financial wellbeing
- Ability to manage multiple claims simultaneously while meeting defined service-level agreements (SLAs)
- Strong analytical skills with the ability to identify discrepancies, investigate root causes, and apply policy accurately rather than processing transactions mechanically
- Proficiency navigating multiple systems and tools simultaneously, with the ability to learn new platforms quickly
- High level of professionalism and discretion when handling sensitive health and financial information in compliance with regulations (e.g., HIPAA)
- Ability to work independently in a remote environment with demonstrated accountability, consistent output, and responsiveness during scheduled work hours
- Exceptional attention to detail and a commitment to accuracy when reviewing and entering claim information
- Exposure to claims processing platforms or healthcare operations systems
- Ability to work effectively in a remote environment

FOR MORE INFORMATION/TO APPLY:

<https://job-boards.greenhouse.io/sidecarhealth/jobs/5815547004>